

## Report of Injury to City Volunteer

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Do not use a workers' compensation first report of injury form to report injuries to volunteers. Use this form only. Do not use this form to report injuries to employees.

**Report by telephone all cases involving bodily injury necessitating hospitalization.**

League of Minnesota Cities Insurance Trust  
 145 University Ave W  
 St Paul MN 55123

Phone: (651) 281-1200 or (800) 925-1122  
 Fax: (651) 281-1297 or (888) 234-7839  
 Email: [claims@lmc.org](mailto:claims@lmc.org)

City Information	
Name	
Address (Street, City, State, Zip)	
Phone number	
Agreement number	
Time & Place	
Date of accident	
Time	
Location of accident	
Description of Accident	
Full description and cause of accident	
What kind of work or activity was volunteer doing?	
On what dates was work activity done?	
Was accident caused by a city employee? If yes, provide employee's name.	
Was accident caused by another person? If yes, provide person's name, their employer's name and employer's address (Street, City, State, Zip).	
Who owns the premises where accident occurred?	
Do any leases or contracts control your use of these premises?	
Witnesses	
Names	
Addresses (Street, City, State, Zip)	

<b>Injured Volunteer &amp; Injuries</b>	
Name of injured volunteer	
Address (Street, City, State, Zip)	
Phone number	
Age	
Social security number	
Married or single?	
Nature and extent of injuries	
Name of doctor or hospital and address (Street, City, State, Zip)	
By whom is injured volunteer employed?	
Did injured volunteer lose time from work because of this injury?	
Has injured volunteer returned to work?	
<b>Additional Information / Comments</b>	
<b>Submission</b>	
Report Submitted By	
Title	
Signature	
Date	

**Important – Read**

- 1) **Do not discuss claim with anyone except a representative of the League of Minnesota Cities Insurance Trust (LMCIT).**
- 2) **Submit all documentation to LMCIT as soon as possible.**
- 3) **This form must be signed by an authorized representative of the city.**